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**DECLARATION FOR UTILITY OR
DESIGN PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after
Initial Filing
(surcharge 37 CFR
1.16 (e) required)

Attorney Docket Number 4002-3111/PC817.00

First Named Inventor Trieu, Hai H

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:)

METHODS AND APPARATUS FOR DELIVERY OF PROSTHETIC DISC NUCLEUS

(Title of the Invention)

The specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Applicati n Number(s)	Filing Dat (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

30565

Place Customer Number
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OR



Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

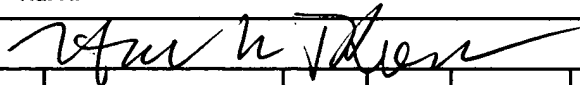
☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number Bar Code Label 30565 OR ☒ Correspondence address below


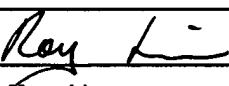
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname			
Hai H.				Trieu			
Inventor's Signature						Date	Nov. 17, 2003
Residence	City	Cordova	State	TN	Country	USA	Citizenship
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City	Cordova	State	TN	ZIP	38108	Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
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Jeff R.					Justis				
Inventor's Signature							Date	11-19-03	
Residence	City	Gulf Breeze	State	FL	Country	USA	Citizenship		
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Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
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Inventor's Signature							Date	11-19-03	
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Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
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Inventor's Signature							Date		
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City	s		State		ZIP		Country		

Type a Plus sign (+) inside this box →



WENMM SB/02C (4/01)

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
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Thomas Q. Henry	28,309	Noreen C. Johnson	38,929
James M. Durlacher	28,840	David A. Warmbold	30,897
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Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
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Daniel J. Lueders	32,581		
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Timothy N. Thomas	35,714		
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Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
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John V. Daniluck	40,581		
Christopher A. Brown	41,642		
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Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers	42,021		
John M. Bradshaw	46,573		
Quentin G. Cantrell	47,469		
Charles P. Schmal	45,082		
David E. Novak	50,752		
Edward E. Sowers	36,015		
John L. Roberts	50,453		
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Denise M. Gosnell	51,748		